able fees, to: Box ISSUE FEE
Assistant Commissioner for Paters
Washington, D.C. 20231

| 4 6 | |
|--|---|
| Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1; by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for material and the patifications. While The Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for material and the patifications. | Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. Certificate of Mailing. Lereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. (Depositor's name) (Signature) |
| APPLICATION NO. FILING DATE TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT |
| 08/845,1 7 04/21/97 009 LEARY, L | 1623 08/03/98 |
| First Named Applicant DOLYNCHUK, KENNETH N. | |
| MILEOF NVENTION USE OF TRANSGLUTAMINASE INHIBITOR FOR THE 1 | TREATMENT OF SCAR TISSUE |
| ATTY'S DOCKET NO. CLASS SUBCLASS BATCH NO. APPLIN TYPE | SMALL ENTITY FEE DUE DATE: DUE |
| Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of a attorneys or agenthe the name of a second | the patent front page; list up to 3 registered patent tts OR, alternatively, (2) single film (having as a ered attorney or agent) up to 2 registered patent is. If no name is listed, no ed. 3 |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropiate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OR COUNTRY) Please check the appropriate assignee category indicated below (will not be printed on the patent) | The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): Issue Fee |
| DMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application | |
| - depending on the needs of the individual case. Any comments on the emount of time required: . Les | 21/1998 UMPLKER 00000001 192253 08843117 |